

EXHIBIT D

Auto Parts Settlements
P.O. Box 10163
Dublin, OH 43017-3163
Toll-Free: 1-877-940-5043



AUTO PARTS CLASS CLAIM FORM

TO SUBMIT A CLAIM FOR PAYMENT:

- 1.) Complete all information below.
- 2.) You **must** provide your name and contact information.
- 3.) All information is subject to verification for accuracy by the Settlement Administrator.
- 4.) You **must** confirm that the information you provide is true and correct by signing the Claim Form. Unsigned Claim Forms will be denied.
- 5.) Submit the completed Claim Form to the Settlement Administrator listed below. You may go to **www.AutoPartsClass.com** to submit your claim online, or you may transmit the Claim Form to:

Auto Parts Settlements
P.O. Box 10163
Dublin, OH 43017-3163
- 6.) If your contact information changes, please contact the Settlement Administrator at the address above to update your contact information.

**No documentation is required at this time, but please hold on to any documents that you have.
The Settlement Administrator will contact you if additional information is needed.**

**SECTION I: CLAIMANT CONTACT INFORMATION**

Name:

Address:

City:

State:

Zip:

Telephone Number: () - Email Address: Are you filing a claim for a business? ☐ Yes ☐ No**SECTION II: PURCHASE/LEASE CLAIMS SECTION**Are you making a claim for the purchase or lease of a new vehicle? ☐ Yes ☐ No

How many vehicles are you claiming?

For each vehicle for which you are making a claim, please complete a row in the table below and provide all of the requested information (attach additional sheets if needed). **You can submit a claim even if you do not know your VIN.**

Vehicle Year	Vehicle Make	Vehicle Model	VIN (Vehicle Identification Number)	State Where Purchased or Leased	State of Residence or Principal Place of Business at Time of Purchase or Lease	Estimated Date of Purchase or Lease	Purchase or Lease?

To determine if your vehicle is included in the Settlements, please visit www.AutoPartsClass.com or contact the toll-free number below. Please note that additional vehicles may be identified at a later date.

If you need additional space to record more entries, you may attach additional sheets. Please be sure to include all of the information requested in the table above on any additional sheets that you attach.

QUESTIONS? VISIT WWW.AUTOPARTSCCLASS.COM OR CALL TOLL-FREE 1-877-940-5043

To view GCG's Privacy Notice, please visit <http://www.gcginc.com/pages/privacy-policy.php>

Are you making a claim for the purchase of an eligible vehicle replacement part? ☐ Yes ☐ No

How many replacement parts are you claiming?

For each replacement part for which you are making a claim, please complete a row in the table below and provide all of the requested information (attach additional sheets if needed):

Replacement Part Purchased (See List on Website)	Manufacturer of Replacement Part	State Where Purchased	State of Residence or Principal Place of Business at Time of Purchase	Estimated Date of Purchase

For a list of the vehicle parts included in the Settlements, please consult the Notice or visit www.AutoPartsClass.com.

If you need additional space to record more entries, you may attach additional sheets. Please be sure to include all of the information requested in the table above on any additional sheets that you attach.

I confirm the information provided above is true and correct.

SIGNED: _____

DATE: _____

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